

Jul 21 2008 10:22

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Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
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52203 7590 05/01/2008

CONTINENTAL TEVES, INC.
 ONE CONTINENTAL DRIVE
 AUBURN HILLS, MI 48326-1581

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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Louise Westcott	(Depositor's name)
Louise Westcott	(Signature)
7/21/08	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/579,103	05/12/2006	Jurgen Diebold	AP 10816	S260

TITLE OF INVENTION: METHOD AND DEVICE FOR REDUCING DAMAGE CAUSED BY AN ACCIDENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	08/01/2008
				07/21/2008	HMARZ12 00000005 502570	10579103
EXAMINER	ART UNIT	CLASS-SUBCLASS				
CHEN, SHELLEY	3661	701-301000	01 EC:1501 02 FC:1504	1440.00 DA 300.00 DA		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 _____
 2 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Continental Teves AG & Co., OHG

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Frankfurt, Germany D-60488

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 502570 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Glinde Natter

Date 7-21-08

Typed or printed name

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